

## Care UK Community Partnerships Ltd

# Cleves Place

### Inspection report

Millfields Way  
Haverhill  
CB9 0JB

Website: [www.careuk.com](http://www.careuk.com)

Date of inspection visit: 30 November 2015  
Date of publication: 09/02/2016

### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

The inspection took place on 30 November 2015 and was unannounced. This was the first inspection of this newly built service which opened in February 2015.

The service provides accommodation for up to 60 older people some of whom may be living with dementia. At the time of our inspection 55 people were living at the service and two people were in hospital. The service provides accommodation in four different areas, one of which is for people with nursing care needs.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Everybody we spoke with in connection with the inspection of this service commended the caring and professional way care and support is provided. People who used the service and their relatives told us how pleased they were to have found the service. All the staff we asked told us they would happily place a relative at the service.

# Summary of findings

Staff were trained in keeping people safe from abuse and understood their responsibilities should they suspect abuse had occurred. Staff were able to outline how they would report any concerns they had both within the organisation and externally.

There were sufficient numbers of staff on duty to meet people's needs. People were confident that their needs would be met quickly and this is what we noted during our inspection.

Risks to people's health and wellbeing were assessed and reduced as much as possible. Medicines were well managed and people received the medicines they needed safely.

Staff received the induction and training they needed to carry out their roles effectively. Staff, including those newly employed by the service, demonstrated a good knowledge of the people they were supporting and caring for and knew people's particular preferences and wishes with regard to their care.

We saw that staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and the service acted in accordance with them. The MCA ensures that, where people have been assessed as lacking capacity to make decisions for themselves, decisions are made in their best interests according to a structured process. DoLS ensure that people are not unlawfully deprived of their liberty and where restrictions are required to protect people and keep them safe, this is done in line with legislation.

People who used the service were positive about the food and were able to exercise choice about their meals. Mealtimes were seen to be very sociable occasions which people greatly enjoyed. People identified as being at risk of not eating enough were promptly referred to

appropriate healthcare professionals and monitored to ensure no further unplanned weight loss. Support around people's nutrition was managed discretely and sensitively.

People were supported to access healthcare professionals when they needed them and the staff acted promptly when a person's health declined.

Staff were caring and committed and we saw that people were treated respectfully and their dignity was maintained. The atmosphere was of a friendly and happy place and the good relationships between staff, the people they were supporting and visiting relatives were observed throughout the service.

People were involved in assessing and planning their care and we saw that care plans had been signed by them to reflect their involvement. People's care was regularly reviewed and the registered manager and deputy demonstrated that they had an in depth knowledge of people's care needs.

People were supported to follow a wide range of interests and hobbies and were involved with the local community. People who did not wish to take part in any structured activities had their wishes respected. People living with dementia received individualised care and were given meaningful tasks to carry out related to the running of the service such as helping fold laundry.

Formal complaints were logged and investigated promptly in line with the provider's complaints procedure and people were satisfied with the outcome. Concerns raised informally via meetings and satisfaction surveys were responded to and resolved to people's satisfaction.

Staff understood their roles and were well supported by the management team. People who used the service, relatives and staff were very positive about the registered manager and deputy and praised the open culture of the service.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Good



Procedures were in place to protect people from abuse and staff had been trained to recognise the signs of abuse and knew what action to take in response to concerns.

Risks were assessed and reduced as much as possible.

There were enough staff to meet the needs of the people who used the service.

Medicines were managed safely.

### Is the service effective?

The service was effective.

Good



Staff received the training and support they needed to carry out their roles.

The service operated according to the requirements of the MCA and DoLS.

People's dietary needs were met and they were supported to access the healthcare support they required promptly

### Is the service caring?

The service was caring.

Good



People were treated with dignity, kindness and compassion.

People were encouraged to express their views and were consulted on all aspects of their care

### Is the service responsive?

The service was responsive.

Good



People were involved in assessing and planning their own care and were involved in the daily life of the service. People, including those living with dementia, received individualised care.

People were able to follow their own interests and hobbies and there was a strong commitment to providing meaningful occupation for people.

The service was proactive in asking for feedback and responded to any informal concerns raised promptly and to people's satisfaction.

### Is the service well-led?

The service was well led.

Good



# Summary of findings

People, and their relatives, were actively involved in developing the service.

Staff understood their roles and were well supported by the management team. The staff team worked collaboratively and worked according to the values and ethos of the service.

The experienced management team worked well together to continually improve the quality of the service

# Cleves Place

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 30 November 2015 and was unannounced.

The inspection team consisted of four adult social care inspectors.

Before we carried out our inspection we reviewed the information we held about the service. This included any statutory notifications that had been sent to us. A notification is information about important events which the service is required to send us by law.

We spoke with eight people who used the service, five relatives, the clinical lead nurse, six care staff, one senior care staff, the activities co-ordinator, the person responsible for maintenance checks, one member of the domestic staff, the deputy manager and the registered manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us easily or chose not to. We also spoke with one healthcare professional to gain feedback about the service.

We reviewed six care plans, four medication records, two staff recruitment files, staffing rotas for the four weeks leading up to the inspection and records relating to quality assurance and the maintenance of the service and its equipment.

# Is the service safe?

## Our findings

People told us they feel safe living at the service and were at ease in the company of the staff. One person described this to us saying, “I feel extremely safe living here”. We found that systems were in place to reduce the risk of abuse and to ensure that staff knew how to spot the any signs and symptoms of abuse and take appropriate action. Staff were able to tell us what they would do if they suspected or witnessed abuse and knew how to report issues both within the company and to external agencies.

Staff had received training in safeguarding people from abuse and were aware of the service’s whistle blowing policy. They told us they would know what to do if they had concerns about the care practices of other members of staff. The provider took appropriate action if they suspected abuse might have taken place and the manager was clear about their responsibilities related to keeping people safe.

We saw that risks were assessed and actions were taken to reduce these risks as much as possible. We saw that people’s risks associated with their daily activities such as eating and drinking, personal care, mobility and their likelihood of having a fall had been assessed. Risk assessments were reviewed when people’s needs changed. Specific risks had been given consideration. For example it had been identified that one person would stop eating their meal as soon as their friend finished theirs which presented a risk of them not receiving enough to eat and drink. Staff ensured that this person was served first, a few minutes before their friend, so that they could both have the food and drink they needed. This was done in a subtle way which did not compromise their dignity. Other specific risks, such as touching the hot drinks on the drinks trolley, had been assessed and measures put in place to reduce the likelihood of people being hurt.

People had been provided with equipment to reduce risks associated with pressure care and mobility and we saw that measures, such as regular repositioning of people and application of creams, were in place to reduce the risk of people developing pressure ulcers. People identified as being at risk of falls were monitored and the service worked in partnership the falls team and other agencies to reduce the risk of falls.

People who used the service, their relatives and staff told us that they felt the staffing levels were sufficient to meet people’s needs. People told us that they did not have to wait a long time when they pressed their call bell. One person said, “I find the attendance is very good”. A relative said, “Staff are always visible and call bells answered promptly” and this was our impression during the inspection. One member of staff commented, “Three staff and a team leader is enough – definitely enough. We can manage with two and a team leader but an extra one is a bonus”.

We examined rotas for the four weeks leading up to the inspection and found that the service provided staff according to their assessed staffing levels, and occasionally exceeded this. Nursing and senior staff were on each shift and staff were on call in case of an emergency or to give advice and guidance.

Staff employed at the service had been through a thorough recruitment process before they started work. Checks were in place from the Disclosure and Barring Service (DBS) to establish if staff had any criminal record which would exclude them from working in this setting. References and DBS checks were confirmed before staff started work at the service. Agency staff were occasionally used to cover shifts. The provider checked that they had received the appropriate training and had the correct DBS checks in place before they started work.

We saw that there were arrangements in place for the safe administration of medicines, including controlled drugs. People told us they received their medicines on time and did not have to wait for pain relieving medicines if they needed them. One person said, “My medication comes on time. I have regular medication which is always delivered on time”. We observed a member of staff administering medicines to people and saw that they did not rush and took time to speak to each person and ensure they understood what their medicine was for and establish if they were happy to take it. People were routinely asked if they needed any of their medicines for pain relief.

The clinical lead took overall responsibility for all matters related to medicines and we found medicines to be well organised and well managed. Procedures were in place for the safe booking in, storage, administration, stock control and disposal of medicines. We viewed records of the

## Is the service safe?

administration of medicines and found them to be accurate and complete. Stocks of eight medicines, including controlled drugs, were checked and found to be accurately recorded.

Staff had received the appropriate training before they administered medicines and their competence to administer medicines was checked by the clinical lead annually.

There were protocols in place for PRN medicines, which are medicines taken as and when people require them and not consistently. The required paperwork was in place to confirm that a GP had sanctioned the use of covert medicines for two people. This is where medicines are given in food, for example, without people being aware of them.

# Is the service effective?

## Our findings

Staff knew the people who used the service very well and were able to tell us what people's care needs, including their end of life wishes, were. Staff, even the newest staff members, were able to tell us very specific details about people's care. For example one member of staff who was new in post told us was able to tell us about the type of dementia one person had, which predominantly affected their language skills. They told us that when the person's words fail them and they begin to repeat standard phrases they encourage the person to talk about a particular episode in their past. This relaxes them and they can often talk easily for half an hour without repeating themselves. The staff member explained, "You have to take time and sit with them".

People who used the service told us they were happy with the way the staff team supported and cared for them. One person said, "I am alright. I couldn't wish for anything better". Another person said, "The staff are absolutely excellent. I have no complaints at all".

Staff undertook an induction when they joined the service and carried out training which covered core skills such as moving and handling, infection control, food safety and medication administration. Staff shadowed more experienced members of staff for a number of shifts to help them gain both competence and confidence before working as part of the permanent staff team. Staff were positive about the training they received and told us they felt the training equipped them with the skills they needed to do their job effectively. We saw that training was refreshed regularly to ensure staff maintained their knowledge and skills.

The clinical lead was responsible for supervising the nursing staff. Both the registered manager and deputy were registered nurses and provided support and guidance as well as practical help for nursing staff.

The care staff demonstrated a very good understanding of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). Staff were clear that people's capacity to consent could fluctuate and that each decision needed to be looked at individually. One staff member

said, "You let people make their own decisions. It's a day at a time". We observed throughout the day that people's consent was asked for before any care and treatment was provided.

People's capacity to consent to their care and treatment had been assessed and recorded. People had signed their care plans where this was possible and their wishes were respected, even when this was a challenge for staff to manage. For example one person had been advised to have a pureed diet. They did not like this and chose not to have pureed food. Their wishes were respected and staff put other measures in place, such as additional staffing at mealtimes, to ensure the person was kept safe. We saw that another person had moved from one part of the service to another. They had been fully consulted about a possible move and had been given the opportunity to have a trial run before any final decision was taken.

Where people lacked the capacity to make their own decisions we saw that Best Interests meetings had been held to ensure that any decisions about their care and treatment had considered if this was decision for them. We saw that the registered manager had made appropriate applications for DoLS authorisations and understood the criteria for considering depriving someone of their liberty in order to keep them safe.

Everyone was very positive about the food and people enjoyed their lunch in a relaxed and sociable atmosphere. Any support people needed with their meal was given in a sensitive manner with the staff working at the person's pace and not rushing them. One person told us, "The food is good. This is important to me". Another person said, "The food is nice. You can ask for something else but I don't normally need to". People on pureed diets had their foods individually pureed which meant they looked more appetising.

People also enjoyed the café on the ground floor. One person commented, "There is a lovely café. You can go and get a cup of tea when you like". We saw that the café was well used by people who used the service and their relatives and provided a sociable place for people to sit and chat. People were also very complimentary about the pub which had been set up on the upper floor. One person said, "I am known to be partial to a sherry. The pub is nice and it's stocked".



## Is the service effective?

People's likes and dislikes related to their foods were recorded in their care plans and people were encouraged to eat a healthy and nutritious diet. Those people who had been assessed as at risk of not eating and drinking enough were closely monitored and charts were in place to record people's food and fluids if needed. We saw that these charts had been completed in each case and senior staff monitored them regularly. People's weights were appropriately monitored. We saw that the service responded promptly if a person began to lose weight and show signs of malnutrition. A new chef had been appointed and the registered manager was planning to introduce nutritional champions for each part of the service. They would then meet regularly with the chef.

Healthy snacks were provided for people and staff were able to tell us about strategies they employed to encourage people to eat and drink. One member of staff told us about one person who did not like to eat a whole meal. They said, "[The person] likes finger picking so they have a snack box

with things like Weetabix with butter on". Where concerns had been identified about a person losing weight we saw that they were promptly referred to a dietician and their advice was followed.

Records showed that people had access to a variety of healthcare services including GPs, district nurses, opticians, occupational therapists, dentists and chiropodists. People were accompanied to hospital clinic appointments if this was their wish. We saw that one person had recently returned from hospital and staff were concerned about the person's ability to swallow which they felt had declined. A referral had already been made to the Speech and Language Therapist to ask for a reassessment to help reduce the likelihood of them choking on their food. A healthcare practitioner who was visiting the service on the day of our inspection commented on how positively the service had responded to suggestions they had made and they felt they had a very good working relationship with the staff and management.

# Is the service caring?

## Our findings

People and their relatives commented very positively about how kind and caring the staff were. One person who used the service told us, “There are plenty of people to talk to. All nationalities waiting on us. It’s so lovely to talk to them. They ask if you’re feeling better”. We carried out an observation over lunchtime and noted that the atmosphere was relaxed and very sociable. Throughout the inspection all members of the inspection team commented positively on the relaxed and friendly atmosphere throughout the service.

We witnessed some very caring interactions between staff and the people they were supporting and it was clear that relationships were easy and friendships had developed. We witnessed a member of the domestic staff clean the room of a person who was being nursed in bed. They chatted to them while they carried out their duties and stopped to have a proper chat at the end and look at some photographs with the person.

We also heard a person, who appeared to be quite distressed, crying out for someone to come and talk to her. Care staff were busy serving lunch at the time but we observed a member of the laundry staff, who was delivering fresh laundry to people on that floor, go to them, sit down by their bed, chat to them for a considerable time about their family and ease their distress. They only left when the person was calm. The member of staff was not aware of us observing them. We noted that a senior member of staff had come in on their day off. They told us that they liked to pop in sometimes to check on how people are getting on if they have been unwell.

People were treated with respect and their dignity was maintained. People were supported sensitively with their personal care needs and support was offered discretely. One person who used the service said, “The staff are kind and respectful”. Another person was supported very sensitively to wear appropriate clothing.

People were involved in making decisions about their care. One person told us how they had been consulted about moving into the service. They said they had been worried about the process but the staff had been ‘friendly and kind’ and had explained everything to them at each stage and now they were very settled.

We saw that people had been involved in planning and reviewing their own care. People had signed their own care plans and people told us they were encouraged to play as much part in decisions about their care as they wanted to. Relatives were invited to take part in reviews of people’s care and treatment where people did not have the capacity to make their own decisions.

People’s particular likes and dislikes were recorded in their care plans and staff were very familiar with them and respected them. Staff were able to tell us, in detail, about people’s personal histories before they came to live at Cleves Place. People’s care plans included a ‘This is me’ section. This included information about a person’s lifetime history and covered a person’s childhood, adolescence, adulthood and retirement. Staff understood how people’s past lives were the key to building current relationships, especially with people living with dementia.

The service had appropriate plans and procedures in place to support and care for people at the end of their life. Staff had received training in supporting people with their end of life needs and worked with local healthcare professionals to help people have a dignified, pain free death. The clinical lead explained to us that they tried to ensure that people had consistent staffing to support people at the end of their life. Care plans contained detailed information about people’s wishes in the event of their death and these were reviewed to ensure that people’s current wishes were reflected.

# Is the service responsive?

## Our findings

Staff treated people as individuals and provided care that was responsive to their individual needs and in line with their care plans.

We saw that people's needs had been assessed before they moved into the service to ensure that the service could meet their particular needs. Once people started to use the service their assessed needs were drawn up into a care plan. Care plans set out people's choices and preferences and built up a picture of exactly how each person wished to receive their care. A member of staff explained how one person liked to dress in a particular way and it was understood and documented in their care plan that this was very important to them. We met this person as we arrived and noted that they had been dressed in the manner of their choosing.

Specific details, such as people's favourite television programmes and favourite colours were recorded in care plans and known by staff. Care plans documented the support people needed and how they wished it to be provided, including their wishes as to the gender of the member of staff providing their personal care. Information, such as whether a person had a particular allergy or had a Do Not Attempt Resuscitation (DNAR) order in place, was discretely available to guide staff. Staff were very familiar with people's needs and were able to tell us who had allergies and who had DNARs in place.

Care plans were reviewed monthly and promptly updated if people's needs changed. For example we saw that one person had recently been discharged from hospital and their care plan had been reviewed in the light of deterioration in their health.

People who used the service were supported to follow their own interests and hobbies. People told us they liked reading their newspaper each day or popping down to the hairdresser or the coffee shop. There were also structured activities each day. On the day of our inspection we observed people decorating a Christmas tree, carol singing and taking part in a quiz. There was a weekly activity programme on display with daily sessions and an activities co-ordinator overseeing the programme. One person told us; "Staff let me know what is happening and if I want to join in I can." Another person said, "I sometimes go out in the wheelchair or I go to the daycentre for a singsong. Or I

watch TV". A third person commented, "There are various activities like bingo. I do enjoy them. I usually join in". One-to-one activities were also scheduled for people who were nursed in bed or who chose to remain in their rooms.

The activities available included a knitting club and films in the cinema room. All activities were open to people across all four areas of the service and to family and friends. The activities co-ordinator told us that there were future plans for a musical therapist to come into the service and to start a choir. The service had recently rehomed an elderly dog which we saw in various parts of the service, being fussed over by many people. People told us they really enjoyed having a dog about the place as they missed having their own pets.

We noted that the activities co-ordinator ensured that she met with every person who used the service each time she came in and offered people living with dementia activities which meaningfully occupied their time. People helped to pair up socks or fold towels as these were the kinds of ordinary household tasks people were used to doing. We noted that there were lots of sensory items available to people who were living with dementia. The service had also set up various areas to tap into people's pasts and give them different experiences. One area had been decorated with a beach theme and had sand, the sounds of the sea and swimsuits drying on a washing line. Other areas included an office with old fashioned office equipment and a sewing and dressmaking area. Staff told us they occasionally used these areas of the service to provide a talking point for people or to calm them if they became distressed and we observed this.

Concerns and issues raised informally via the resident meetings or feedback surveys were responded to promptly. The service had a "You said – We did" noticeboard which identified concerns people had raised and suggestions they had made and documented the service's response. We saw that action was taken in response to specific requests, such as people asking to know what the soup of the day was in advance

There was a complaints policy and procedure in place. People told us they knew how to make a complaint if they needed to. One relative told us, "If I needed to complain I would discuss this with the manager or the deputy and I know they would take me seriously". Records showed that

## Is the service responsive?

all formal complaints had been appropriately logged, investigated and responded to in line with the provider's policy. All, except for one which was ongoing, had been resolved in a way that was satisfactory to the complainant.

# Is the service well-led?

## Our findings

A person-centred and open culture was promoted at the service. People who used the service, relatives and staff were very positive about the manager and deputy and told us they were consulted about all aspects of the service.

One member of staff said, "It is very nice to be listened to". Another commented on how supportive the manager was saying, "If we are having a bad day she will sit and talk and will always come and help us if we need it". The staff team worked collaboratively and each staff member we spoke with felt a valued member of the team and very well supported. One member of the care staff said, "The manager is lovely and listens".

One relative said, "The management team are very supportive" and another stated, "Whenever we see the manager they make a point of coming to talk with us". We noted that people knew the management team well and that the manager and deputy worked very well together and had easy and friendly relationships with people throughout the service. The general atmosphere was relaxed and each member of the inspection team commented on this very positive aspect of the service.

Staff told us that they were actively encouraged to question practice and make suggestions for improvements. One member of staff told us that they had suggested moving the chairs nearer to the fireplace to make it cosier for Christmas. They told us, "That's going to happen this week". We also saw that staff had asked for clarification about an aspect of the staffing rota and this had been actioned.

People who used the service, family and friends, staff and visiting professionals were given the opportunity to help develop the service and give positive or negative feedback. Regular meetings were held with people who used the service, their relatives and the staff. There were 'ideas boxes' in all areas of the service and anyone could pop a suggestion in the box and these were looked at monthly by the management team.

Satisfaction surveys were carried out with people who used the service to gauge their feedback. An action plan was drawn up after the surveys had been completed and we saw that the registered manager had responded to issues which had been raised such as improvements to care plan

review meetings. Resident meetings also provided an opportunity for people to raise concerns about the service. We saw that at the November meeting people had requested more entertainment should be provided and the manager had already made arrangements for this to be taken forward.

Staff were clear about the values and ethos of the service which concerned enhancing the quality of people's lives and ensuring the quality of the care delivered throughout the service. There were systems to monitor the training and supervision of staff. A training matrix identified when staff had completed training and we saw that all appropriate training was in place and plans had been made for additional training.

An audit system was in place to assess and monitor the quality of the service provided. Audits and spot checks were carried out by the manager and senior staff and action promptly taken where issues were highlighted. Health and safety and maintenance issues were audited regularly by the maintenance man and we saw that systems were clear and action was taken very promptly where any concerns had been identified. These records were very clear and well organised. Care plans were audited regularly and all the plans we saw were fully completed with all records up to date. Records throughout the service were good and easily located.

The registered manager understood their responsibilities and had sent all of the statutory notifications that were required to be submitted to us for any incidents or changes that affected the service. They also involved other agencies, such as the local authority safeguarding team, appropriately and worked in partnership with them. The registered manager and deputy demonstrated they had a good understanding of the strengths of the service and were very proud of what had been achieved. They also had a clear service improvement plan and were focused on continuing to improve the service. They had instigated the 11 at 11 meeting which involved senior staff for 11 minutes at 11am each day. This was seen as an opportunity for information sharing and to identify any particular issues that needed to be addressed that day. Staff were positive about these meetings and found them beneficial.